Middle Articles

Royal College of Physicians of London: 450 Years

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The history of the Royal College of Physicians has been written many times and well, culminating with the great work of Sir George Clark (1964–5) covering the years 1518 to 1858, which is being completed by Dr. A. M. Cooke. For the purposes of the 450th anniversary it would seem proper, interesting, and useful to tell the story of what the College was founded for, what it has done, and what it does today.

The College was founded at the very time when the medical profession first began to emerge in England. With the Renaissance a profound change came over people's attitude to life: mediaeval man looked on himself primarily as a member of a guild or other community to which he was responsible; Renaissance man was an individual, with full personal responsibility, and all the resultant opportunities for good or bad. Henry VIII tried to restore organization to the medical profession by entrusting the licensing of physicians to the bishops; this was evidently unsatisfactory, and Dr. Thomas Linacre saw the solution in the self-organization of the physicians into a college, not an ecclesiastical or a guild structure, but a professional community.

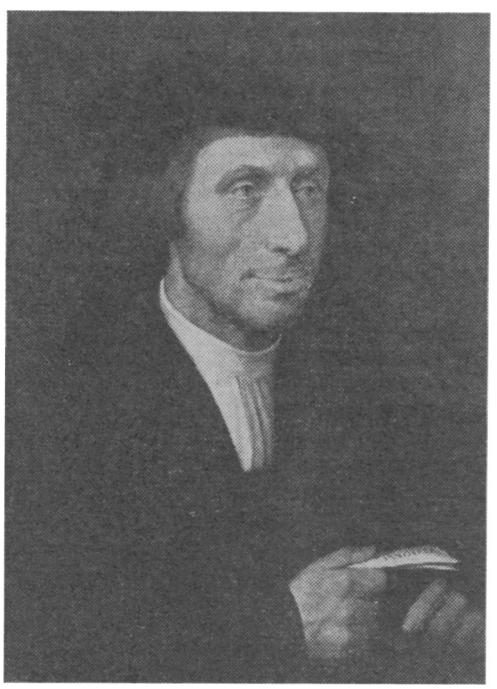

FIG. 1.—Thomas Linacre (1460/61–1524).

Earlier examples, which had shown the way, were Colleges of Canons, attached to churches for religious purposes, and the Colleges of the Universities. Later examples of the same sort of organization were the Heralds' College and Doctors' Commons. Among other things, colleges were distinguished from guilds by the absence of apprenticeship, government by a president, direct responsibility to the King, and exemption from "watch and ward" and from jury service.

First Charter

The Charter was given by King Henry VIII, at the suggestion of Cardinal Wolsey, to Thomas Linacre and five other physicians: there were only a round dozen in London in

John Lord Lumley A°.1588.

The above on a Scroll, in the background of the original Picture by Stephens, in the Collection of Richard Bull Esq.r

FIG. 2

1518, and probably not more than 20 in 1550. During the sixteenth century the College was occupied in trying to fulfil the many duties laid on it by the original and subsequent Charters and by Acts of Parliament. It was expected to ensure that physicians, at first within seven miles of London and later all over England, were of a high professional standard; to "enter and search" apothecaries' shops for unsound drugs, and to see that apothecaries made up prescriptions accurately; to provide anatomical teaching by the dissection of the bodies of four criminals a year; to prevent any unlicensed person from practising as a physician; and to organize its own internal affairs in a defined way. On its own initiative the College started, in 1587, a garden in which to grow the rarer kinds of herbs, and put it in charge of John Gerard, surgeon and gardener.

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The Charter provided no source of money for these activities, but though in the end this made their performance impossible it mattered little at first, because the authority of the College was universally accepted, and it had the power of committal to prison. Besides conducting the "anatomies" held in the College, physicians from the College, including very eminent ones such as John Caius, taught on the dissections at the Barber-Surgeons, the earlier authorized place of teaching in London. Before the end of the century the long list of endowed lectures regularly given in the College had been started by Dr. Richard Caldwell and Lord Lumley, and it was as Lumleian Lecturer that Harvey announced the circulation of the blood. These lectures were technically on surgery: the physicians had the right to practise surgery, and although they did not use it they took surgical education seriously.

After James I's separation of the apothecaries from the Grocers' Company it devolved on the College to prevent the apothecaries and other unlicensed persons from "administering inward medicines," and this, together with the prosecution of quacks, bulked very large in the College's activity until the Commonwealth, when it ceased abruptly in the face of official sanction of many forms of irregularity. It had to be resumed in a smaller way at the end of the century, and the College tried in vain (at first to protect the public, and latterly to maintain their own monopoly) to prevent apothecaries from practising, until the judgement in Rose's case (1703) decided in favour of the apothecaries. The College was still expected to take action against flagrantly appalling men like J. St. J. Long until well into the nineteenth century, when this responsibility finally broke down because the College had no money for the purpose, and because the courts were taking over the duty.

New Premises

The College continued to meet in what had been Linacre's house until 1614, when it moved into a larger house in Amen Corner. It was in this house that Harvey gave his lectures, and the College, with his encouragement, started seriously to build up a great library.

As early as 1659 the College started to make charitable provision for the sick poor, which culminated in the famous Dispensary at the very end of the century. This lasted only for about 30 years, but it had a great effect, and was followed, and perhaps made superfluous, by the founding of the Westminster and Guy's Hospitals, which soon led to the whole hospital system of England.

The College in Amen Corner was destroyed, with the bulk of the library and the fine building which Harvey had built to house it, in the Fire of 1666, and a new College was built in Warwick Lane, to designs by Robert Hooke, which was opened in 1679. The Fellowship was increased to 80.

The College suffered, with the rest of the formal institutions of England, from a period of decline during the eighteenth century, but below the surface it was preparing for reform. The great era of the College *Transactions* (1768 to 1820), one of the first medical periodicals and a stimulus to research, was followed by the resurgence of activity which resulted from the advantage of the move from the City to Trafalgar Square (1825) and the blow of the Apothecaries' Act (1815). New lectures were founded, Fellows of the College were in the forefront of the scientific developments of the Victorian era, the profession of medicine flourished, and the old system of physicians as the general practitioners of the rich was replaced by physicians as consultants under the "referral system"; the College admirably controlled and guided the development of the profession. As the profession expanded, so did the number of the Fellows and the activity of the College. The expansion was, however, gradual, and a sudden influx of new Fellows, too large to be easily assimilated, did not lead to dissensions among the Fellows, as had happened after the removal to Warwick Lane.

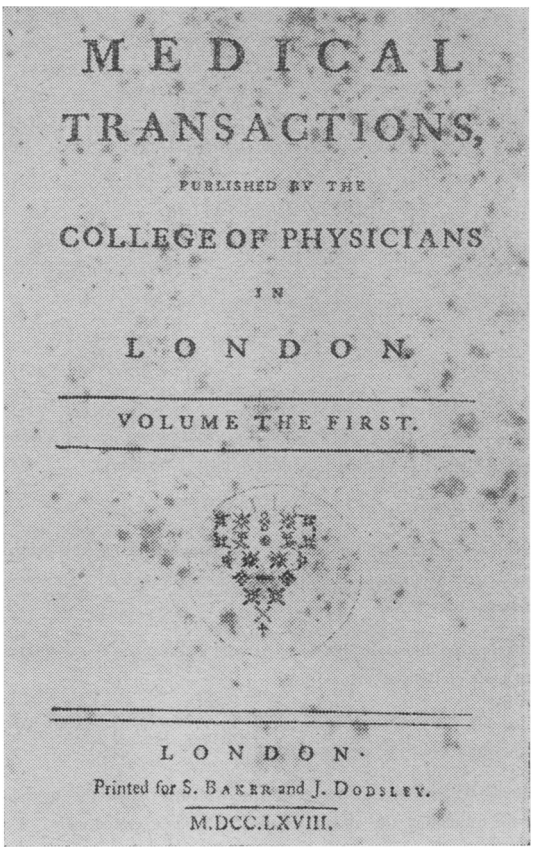

MEDICAL
TRANSACTIONS,
PUBLISHED BY THE
COLLEGE OF PHYSICIANS
IN
LONDON.
VOLUME THE FIRST.
LONDON:
Printed for S. BAKER and J. DODSLEY.
M.DCC.LXVIII.

FIG. 3.—Title page of the first volume of *Medical Transactions*.

Membership

After the passing of the Medical Act (1858) the College took the step it had been preparing for some time, and altered its whole nature by transforming its licence from a permit to practise as a physician into a qualification for general practice, and by instituting a new membership as the basis for acceptance as a physician. The reformed licence was the first complete qualification in this country: hitherto, even under the Medical Act, any qualification, even though it was in surgery only, could be registered, and any registered medical practitioner would legally practise in all branches of the profession. The College appointed examiners in surgery to ensure this.

The new membership established the principle, to which the College has adhered, that consultant status should not be conferred as the result of an examination, but that the last, and very severe, examination a candidate had to take (the M.R.C.P.) should guarantee that he was a fit person to be trained as a consultant, leaving his actual training so far as possible to his own discretion, and his final acceptance as a consultant to appointment committees of his colleagues and laymen.

One of the corollaries of this view of the purpose of the membership examination is that the College takes very seriously, and spends much time and thought, on perfecting its content and conduct. The result has been that it is generally recognized as very good evidence of the intellectual and technical proficiency of those who pass it, and the large body of members is an essential part of the constitution of the College. Of late, they have been taking more and more part in College affairs: there is a Standing Members' Committee, representative members are elected to the Council and on to the special committees which do so large a part of the work of the College,

and in all ways they are a much more important body than they used to be.

At the same time the College has always believed firmly that the fellowship involves something more than intellectual eminence and ability to pass an examination, and reserves this final distinction to those recommended and elected by the fellows as a whole, who have complete democratic final control of all College affairs. In the past there has naturally been trouble at times from those who think they ought to have been

FIRST EXAMINATION.

IN PARTE PHYSIOLOGICÂ.

SEPTEMBER, 1859.

1. DESCRIBE the origin, distribution, and connection of the Pneumogastric Nerves, and explain the functions of their principal divisions.

2. What are the Nerves of the Orbit, and their several uses?

3. Describe the Mucous Membrane of the Stomach. Give the composition of the Gastric Juice, and explain the conditions which prevent its acting as a solvent upon the Stomach itself.

4. What are the differences between Arterial and Venous Blood in general, and at different parts of the system?

5. What are the conditions upon which the rhythm of the Heart depends, and what are the chief causes of its disturbance?

6. Describe the minute anatomy of the Kidney. Give the methods to be employed for estimating the amount of urinary solids excreted daily. Enumerate the principal constituents of Urine, and explain its action on test paper under various circumstances.

TRANSLATE INTO LATIN.

Τὰ αὐξανόμενα πλεῖστον ἔχει τὸ ἔμφυτον θερμὸν, πλείστης οὖν δεῖται τροφῆς, εἰ δὲ μὴ, τὸ σῶμα ἀναλίσκεται. γέρουσι δὲ ὀλίγον τὸ θερμὸν, διὰ τοῦτο ἄρα ὀλίγου ὑπεκκαυμάτων δέονται. ὑπὸ πολλῶν μὲν γὰρ ἀποσβέννυνται, διὰ τοῦτο καὶ οἱ πυρετοὶ τοῖσι γέρουσιν οὐχ ὁμοίως ὀξέες, ψυχρὸν γὰρ τὸ σῶμα.—HIPPOCRATIS *Aphorismi*, p. 710.

TRANSLATE INTO ENGLISH.

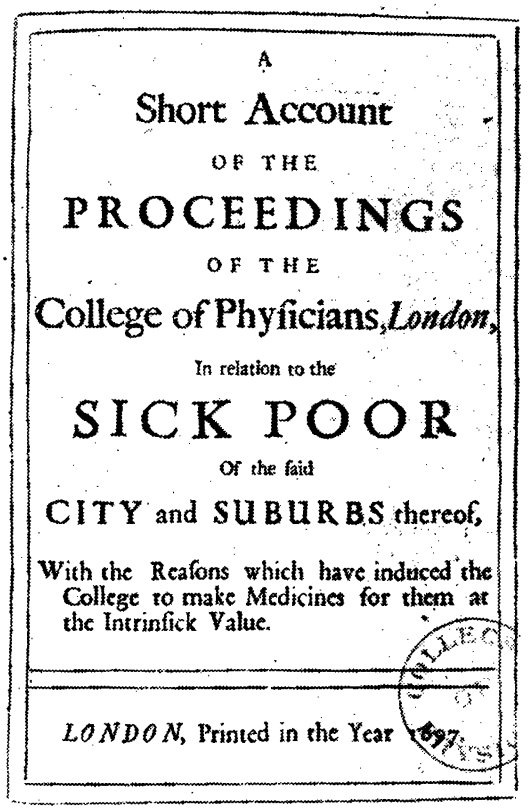
Animadvertendum est autem, Morbum hunc magnum æstimari, non pro Variolarum frequentia, quæ reliquum corpus, sed pro earum numero tantum, quæ faciem obsedere; quæ si his tanquam injecta arena ubique contegatur, utut paucæ, atque discretæ sint eæ, quæ in reliquo corpore cernuntur, haud minus periclitatur æger, quam si membra omnia denso agmine pervaserint: Atque ex adverso, quantumlibet spisse truncum et artus occuparerint, si in facie rariores comparuerint, magis in vado res est. Quod de numero diximus, et de Variolarum more, potest adfirmari; malusne scilicet is fuerit, an secus, vultus aperte indicat.

SYDENHAM. *Opera*. Sect. III.

FIG. 4

elected to the fellowship, and at times the College has indeed been too reactionary and restricted. For a generation now the policy has been one of inclusion and enlargement: there are now about 1,300 fellows; in 1930 there were fewer than 400. The College changes greatly as time passes, but there is no harm in that, provided the change is in the right direction.

In the latter part of the last century, as soon as it was free of impending changes to the Medical Act, the College negotiated, with the sister College of Surgeons, the Conjoint Examining Board for England, to provide an even better qualifying diploma than the purely physicians' one, adding M.R.C.S. to L.R.C.P.


A

Short Account

OF THE

PROCEEDINGS

OF THE

College of Phyſicians, *London*,

In relation to the

SICK POOR

Of the ſaid

CITY and SUBURBS thereof,

With the Reaſons which have induced the College to make Medicines for them at the Intrinſick Value.

LONDON, Printed in the Year 1697.

FIG. 5

The College Today

Like other old human institutions, the College has gone through periods of advance and periods of stagnation and apathy. There has always been a healthy tension between the ideals of dignity, grandeur, exclusion, and seniority on the one hand, as against ideals of progress, science, inclusion, and vigour on the other. The College has, like all institutions which aim high, always been under criticism from some malcontents, and these have sometimes been in the wrong. With each removal to new quarters, a period of renewal has started. The modern College really started with Lord Dawson and the inclusion of all the specialties in the fellowship, which rapidly increased in numbers and influence. With the removal from Trafalgar Square to the greatly enlarged modern building in Regent's Park the process of adaptation to modern conditions has continued.

Today the College still puts the maintenance of standards high in its aims. It is trying to co-ordinate its membership examination with the like examinations of other colleges. It is developing the organization of postgraduate and continuing education for physicians, and has improved the value of its foundation lectures by incorporating many of them in the special courses which it arranges on an increasing scale. The College took a leading part in the establishment of a Central Committee on Postgraduate Medical Education with the universities, a joint venture of the universities and colleges, and is trying to co-operate more closely with the regional organizations and the Ministry of Health in the improvement of the training of young physicians. A new College officer, the "Linacre Fellow," looks after all these educational activities.

The College maintains standing committees of experts on nine specialties, and committees on matters concerned with scientific medicine, which issue reports. The Government has always recognized that the College has been the source of the most impartial advice obtainable. From the first the College

has given advice: on public health in 1627; on plague in at least five epidemics; on cholera in the nineteenth century. The College was referred to as "the natural guardian of the public health." It gave excellent advice (spontaneously) on the gin-drinking of the eighteenth century. The College's reports on smoking, from the one on home-grown tobacco in 1619 to the one drawing public attention to the effect of smoking on lung cancer in 1962, are typical of work of this sort done in the public interest throughout the ages.

The first attempt to bring order into the chaos of pharmacy was made by the College when it published the *Pharmacopoeia Londinensis* in 1618, a far more difficult process to start than modern doctors would appreciate. Subsequent revisions appeared at intervals until the Medical Act of 1858 transferred the duty to the British Pharmacopoeia Commission of the G.M.C.

And lastly, perhaps the most important of all, the College never forgets the injunction of William Harvey not only "to search and study out the secrets of Nature by experiment," but also "to continue in mutual love and affection amongst themselves, without which neither the dignity of the College can be preserved, nor yet particular men receive that benefit by the admission into the College which else they might expect, ever remembering that *Concordia res parvae crescunt, discordia magnae dilabuntur.*"

Unfairness of Certain Events in the Olympic Games

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Brit. med. J., 1968, 4, 111–113

Summary: Boxing, weight-lifting, wrestling, and judo are graded events in that opponents are matched by weight. If protection were to be denied by removing this restriction such sports would overwhelmingly favour the heavyweights. Data on Olympic winners show that many running and jumping events are seriously biased in favour of the very tall. It is suggested that the rules of these events should be revised to include a grading by height. This would remedy an element of unfairness in many athletic contests, beginning at school.

Introduction

Bodyweight has long been recognized as an important variable in boxing, weight-lifting, and judo, to the extent that contestants are matched within officially defined weight classes. In American football weight is often the factor which decides team selection. In basket-ball it is height. Since height and weight are highly correlated, it follows that enthusiasts of average or less than average height can aspire to become champion boxers, wrestlers, or weight-lifters, but tend to be debarred from participating in such sports as American football and basket-ball. Events in which weight classes are officially recognized are, in this sense, fairer or more sporting than certain other events in which they are not.

In what follows it is shown that in many running and jumping athletic contests there is an overwhelming bias in favour of the very tall. In events of this type participants of average or less than average height have, in effect, lost before they have begun.

Data

Hirata (1966) has published the average height and weight (but without standard deviation) of participants for each event in the Tokyo Olympics of 1964, and also the height and weight of the corresponding winners. In addition, Hirata and Kaku (1964) have provided data on the winning athletes from the Olympics held in Rome in 1960. The analyses in this paper are based on the data in those publications.

In Table I the Olympic events are divided into two broad categories: closed and open. The closed events officially recognize that the heavier weights have an advantage over the lighter weights: the open events do not recognize any form of advantage.

TABLE I.—*Closed and Open Olympic Events*

Open Events		Closed Events	
			No. of Classes
Throwing	Hurdling	Boxing	10
Shot put	Short-distance	Wrestling ..	8
Discus	Steeplechase	Judo	4
Hammer		Weight-lifting ..	7
Javelin	Jumping		
	High		
Running	Long		
Short-distance	Triple		
Middle- and long-distance	Pole vault		
Marathon			
	Swimming, gymnastics, etc.		

Closed Events

In amateur boxing, except for the heavyweight class, in which the upper boundary of weight is open, contestants are "fairly" matched, and 10 weight classes are recognized: fly, bantam, feather, light, light-welter, welter, light-middle, middle, light-heavy, and heavy. It is clear from Fig. 1 that, even within each of these narrowly defined classes in the Olympics; weight is considered of such importance that contestants regulate their own weight so that it lies just within the permitted maximum for their class.

In the heavier classes for weight-lifting, wrestling, and judo the upper boundary of weight is open. Table II shows that the Olympic winners in these heavyweight classes are much heavier than the average for all participants in the corresponding events. Table III shows the standing height of gold medallists from the United States and Japan.

TABLE II.—*Weights of Winners and Average Weights of Participants in the Heavyweight Categories of Some Olympic Events*

Event	Weight of Winner (lb.)	Average Weight of Heavy-weight Participants (lb.)	Difference (lb.)
Boxing	196	193	3
Wrestling (free style) ..	234	226	8
Wrestling (Graeco-Roman)	298	254	44
Judo*	265	230	35
Weight-lifting	346	256	90

* "All weights" class.

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